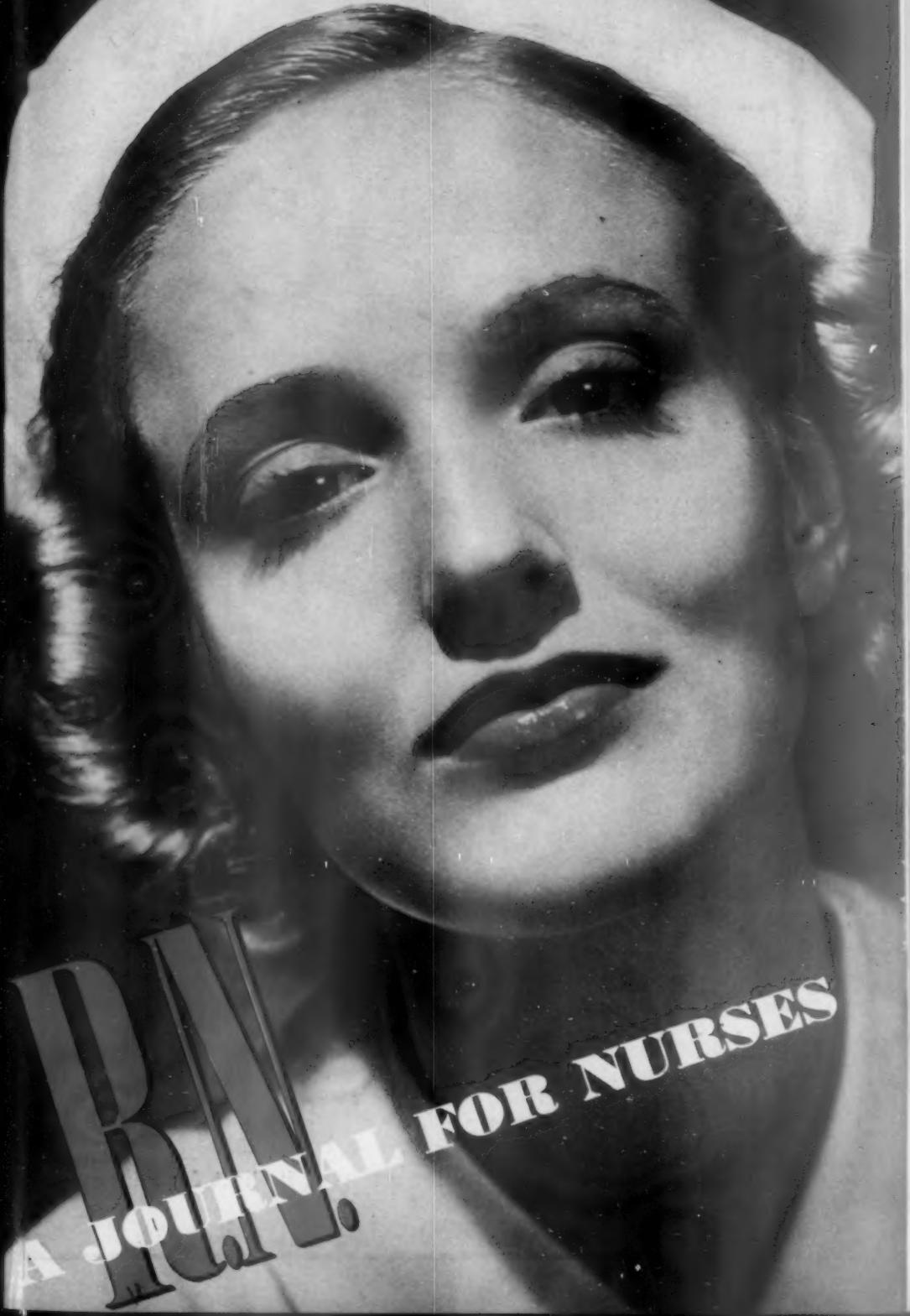


OCTOBER 1938





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IN *This* ISSUE

October, 1938

Vol. 2, No. 1

Cover photo by Ray Albert *

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A JOURNAL  FOR NURSES

Circulation: 101,600 registered nurses. Copyright, 1938, Nightingale Press, Inc. Editorial and business offices at Rutherford, N. J. Dorothy Sutherland, managing editor. Advertising representatives: Cyrus Cooper, Eastern manager, and Gladys Huss, Eastern associate, Graybar Bldg., New York City; J. M. Keene, Western manager, 870 Peoples Gas Building, Chicago; Weston Oyler, New England manager, 1105 Commonwealth Ave., Boston.

Debits and credits

ENDURANCE CONTEST

Dear Editor:

Your article on 8-hour duty has interested me very much. Miss Adam's comments "hit the spot."

I was on a 24-hour case for eleven months without a day off, and many days passed without any relief. When I took the job, I made a verbal agreement with my patient about time off. However, we traveled a great deal and my patient, somewhat neurasthenic and in the last stage of arthritis, complained of being afraid of strange nurses for relief.

I made the wrong start by soft-heartedly agreeing to forego time off and she took full advantage of the situation. After almost a year of this, I asked for a vacation and received the answer, "Haven't you just returned from the South? What do you want a vacation for?" My health was undermined and I left her.

That was six years ago. I have followed her case and learned she has had innumerable nurses since then. I won the endurance contest for staying with her the longest...

Ruth G. Haines, R.N.
Reading, Penna.

MIND OVER MATTER

Dear Editor:

With so much unrest in the air, I believe every qualified nurse should profit by experience in psychiatric nursing. Regardless of our branch of service, we are constantly facing psychiatric problems. And we can only meet them if we have the necessary equipment.

Work in the psychiatric field prepares the nurse for a more sympathetic understanding of her patients. By knowing how a sick mind functions, she can recognize mental symptoms in the physically ill and help prevent mental breakdowns. In the process, she has a chance to develop her own personality. For, by trying to bring a new viewpoint to a distracted mind, she herself becomes more broad-minded and tolerant.

Nurses with a knowledge of human

nature are in great demand today. They can make worthwhile contributions to the community by helping individuals adjust to their environment. Another job they can do is to educate the public to drop its prejudice against the mentally ill and mental institutions.

Irene B. Mauritz, R.N.
Westwood, Mass.

THERE ARE SMILES—

Dear Editor:

Every nurse who wants the trust and good will of her patient should remember that a friendly smile will win confidence quicker than anything else. If you want to see a minor miracle, just smile at a patient, especially a child, and watch his face light up in return.

Patients frequently try to read their condition in the facial expressions of the nurse. This facial broadcasting can easily be controlled by replacing it with the broad smile of "all is well."

A smile wins friends. We like to feel that we have made friends of both the patient and visitor when we go into the sick room. People are not inclined to welcome the long-faced nurse.

The smile has a therapeutic value, too, I think. Sometimes we can't help overhearing patients make comments when they think the nurse is out of earshot. Remarks like, "Isn't she lovely? I feel so good when she comes around." Or, "She's so pleasant. Thank goodness I'm not stuck with a sour-puss!" And perhaps all you've done is to greet your patient with a smile. So little to give, yet so valuable to the sick!

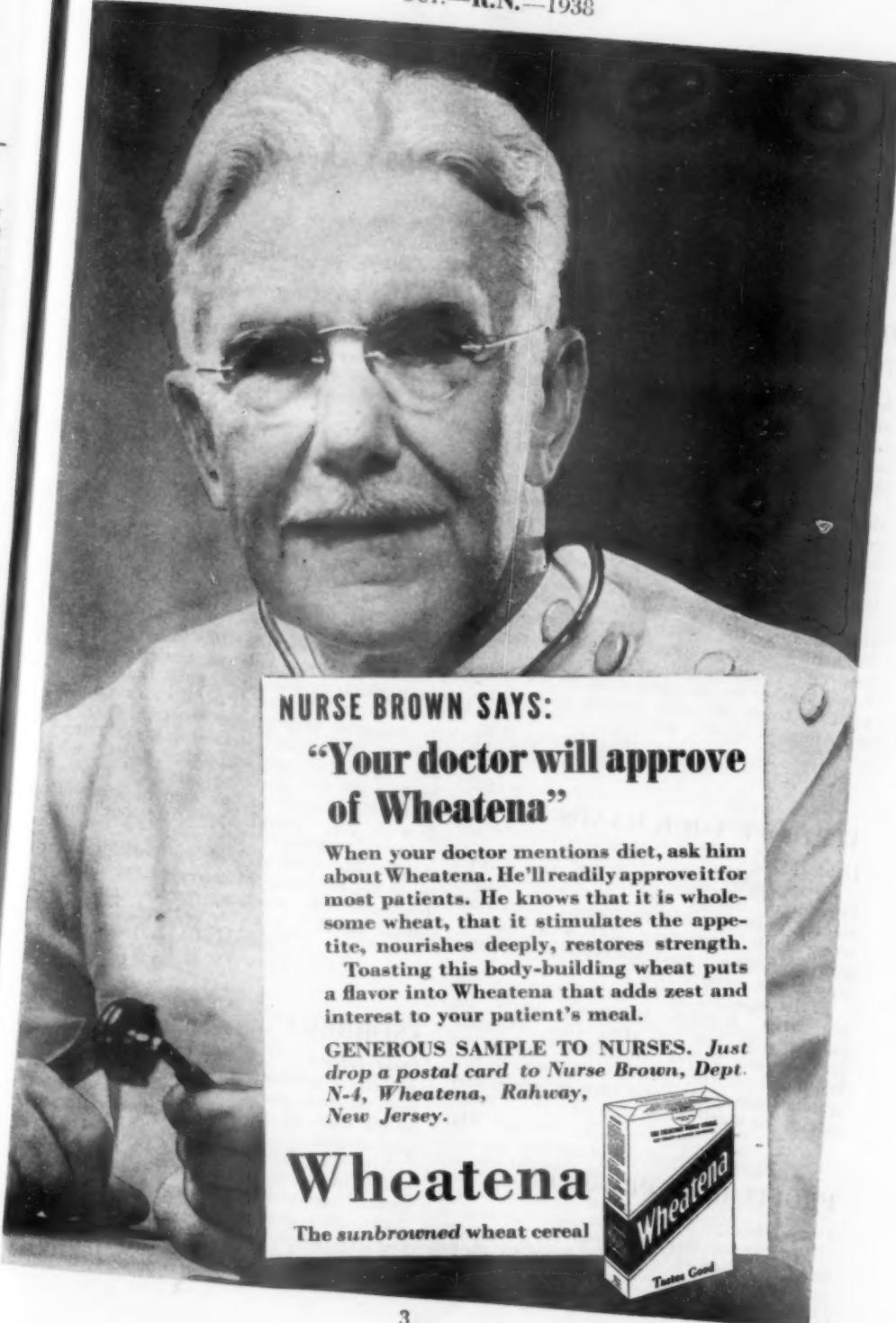
R.N., Wilmington, N. C.

JOBLESS GRADUATES

Dear Editor:

I am no longer laboring under the happy delusion that the choicest jobs are handed out on silver platters to recent graduates. Too many older nurses are hanging on to the choice positions. . . and who can blame them? However, it is discouraging—after

OCT.—R.N.—1938



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putting time and money into nursing school—to be told that we must take a postgraduate course or acquire more experience in order to have a decent job.

I wish people in the field of nursing education would be practical enough to realize that money doesn't grow on trees for P. G. work. Young graduates, too, have to support themselves, or help with family finances.

R.N., Oneonta, N. Y.

ONE FOR ONE

Dear Editor:

I have worked on maternity floors in four leading hospitals in the United States, and have often wondered why the charge nurse assigned us to different patients each day—especially when the average stay in the hospital is ten or twelve days.

Obviously, nurses given the same patients each day are bound to save time and energy and do a better job. Checking up informally, I have found that most maternity patients would prefer a "one nurse" hospital stay.

As maternity wards are now managed, reorganizing the work every day only intensifies interruptions. It seems a needless complication and offers no apparent benefit either to the patient or to the hospital. I think all staff nurses will agree with me.

M. Hinkle, R.N.
Detroit, Mich.

TIME OFF YOUR HANDS

Dear Editor:

I thoroughly agree with the New York registered nurse who discussed long-sleeved uniforms in your August issue. But along with contending that long sleeves are unsanitary, I have always felt the same way about wrist watches.

Wrist watches are usually worn on the left wrist; a nurse frequently raises the patient with her left arm. Thus she may pick up any germs which may be on the bed linen or the patient's clothing. Wrist watches are good germ carriers since they cannot be sterilized.

R.N., Mobile, Ala.

PROFIT IN EXPRESSION

Dear Editor:

We nurses should devote more time to self-expression. It's good for us to create interests in contrast to our nursing duties. Often these interests will add a few extra

dollars to our alumnae association treasury.

Music is one outlet that offers grand possibilities, and there's lots of musical talent in the profession. Why not organize orchestras, or glee clubs, and present musical entertainments for a nominal fee? Contests with nurses in other hospitals could be arranged. Doctors, too, could be invited to take part.

Then, there is handwork—another chance to do something creative. This work might be shown to patients and visitors, with an invitation to buy. Display space could be a small room, or a spot in the reception room. The hospital could charge a stated sum for the use of the space. Whatever money remained could be devoted to the alumnae association, or to one of the welfare projects of the local nursing group.

R.N., Norwich, N. Y.

NEED DOCTOR ALLIES

Dear Editor:

I am indeed grateful to you for including me on your subscription list. *R.N.* is both interesting and instructive, and I look forward to each issue eagerly.

Some of your readers have discussed the practical nurse in "Debits and Credits." Practical nurses will continue to be a sharp thorn in our flesh until the doctors come to our rescue. For doctors employ the majority of practical nurses.

If, as Dr. Logan Clendening says, "nurses are our best friends and ablest allies," why haven't we the positions our skill merits? With due respect to our men of medicine, I wish they would appreciate our three years of training!

Meanwhile, let us look for positions that need the efficiency of a registered nurse—positions that practical nurses can never take from us!

Yolanda T. Lindenau, R.N.
New York, N. Y.

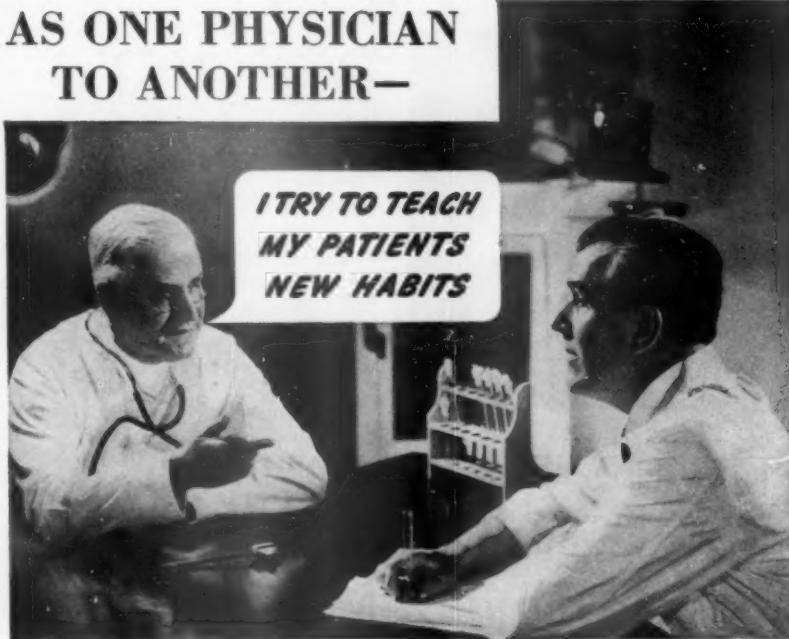
SNOBBERY

Dear Editor:

I am a graduate of a state hospital. As soon as other nurses see my pin, I am open to all kinds of mockery about my nursing preparation.

The remarks of some of the nurses are really insulting. One of my associates recently commented in my presence that "only nuts train in state hospitals." My slightest error is pounced upon and played up to an absurd importance. Meanwhile, my superior (or whoever detects the mis-

AS ONE PHYSICIAN TO ANOTHER—



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I accept your offer in R.N. Enclosed is 25c. Send a jar of Manicare.

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take) openly inquires, "What can you expect from a person who's had such poor training?"

What can be done to eliminate some of this hate and snobbishness about training schools? How can nurses hope to attain important objectives when they are so petty within their own ranks?

R.N., Brooklyn, N.Y.

TOO MANY BRIDES?

Dear Editor:

The hospitals of this city are simply overrun with married nurses. Most of these women must be working only for luxuries as their husbands are employed. At the same time, single girls and widows with children are practically starving for want of work.

This condition, I suppose, is prevalent throughout the whole country. As far as I know, however, only one hospital out here has banned married women. Most teachers are forced to resign as soon as they marry. Why not nurses?

R.N., St. Louis, Mo.

BADGES

Dear Editor:

How about a state registration badge for nurses? A similar method of professional identification has been used successfully in Great Britain. Why not here?

The words, "state registered nurse," and the state seal would quickly classify the nurse as a professional. As things are today, patients are confused by the similarity between the uniforms and titles of many would-be nurses and those of bona-fide registered nurses.

The state departments which issue licenses to practice nursing would be the only source from which badges could be obtained.

What do you other nurses think?

E. Dillon, R.N.
New York, N.Y.

REUNION AND REVIEW

Dear Editor:

Finding a letter from Muriel Voyce of New Zealand (where I was born) in your columns, made me feel more friendly than ever to R.N.

Your idea of reviewing major diseases is a marvelous one. I am sure it will be encouraged by all nurses. It is a fine educational plan.

Phyllis Lewis, R.N.
San Francisco, Calif.

OCT.—R.N.—1938

WHEN YOU RECOMMEND GELATINE

in the diet, be sure it is

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(U. S. P.)

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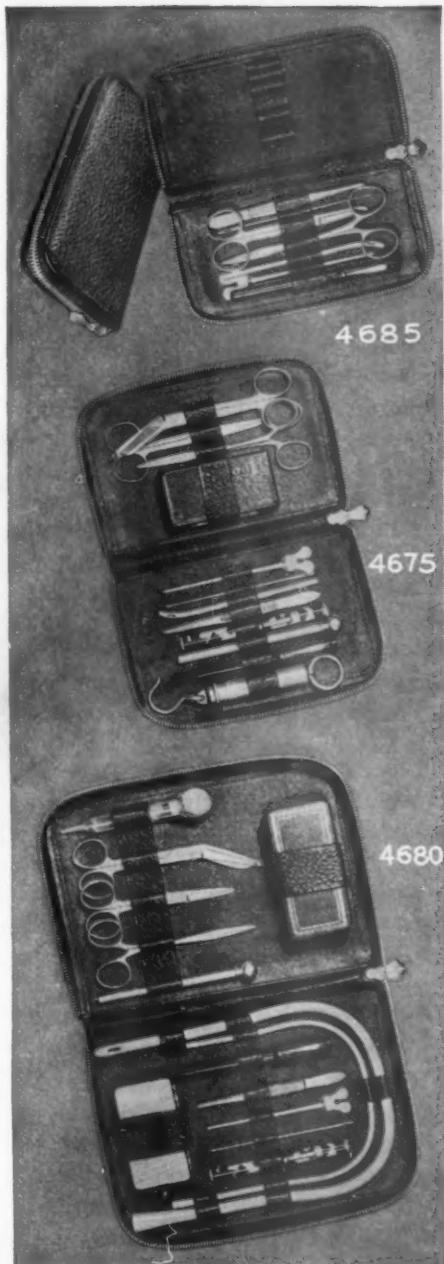
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Quick facts about

Endocrinology

A CONCISE REVIEW OF CURRENT THERAPY AND NURSING CARE

• **The study of the glands** of internal secretion, one of the newest branches of medicine, has made phenomenally rapid strides in the past decade. Their multiple functions shrouded in mystery until recently, the endocrine glands are known to exert a profound regulating influence upon essential vital processes. Their continuous normal functioning is indispensable for good health; derangements in their activity quickly produce one of many endocrinologic syndromes, or may lead to dwarfism, grotesque gigantism, or even to insanity.

What is an endocrine gland?—All glandular structures may be divided into two categories: the glands of external secretion, and the glands of internal secretion. The secretions of the former are conveyed by ducts or tubes to a cavity or to the surface of the body. Thus, the salivary and sweat glands are classed with this group, since their secretions are poured into the mouth and onto the skin respectively. The secretions of the second group, on the contrary, are conveyed directly into the blood stream. They possess no ducts, and are therefore known as ductless glands. The terms "endocrine gland" and "gland of internal secretion" are synonymous.

Some glands—the ovaries, testicles, pancreas, and possibly the liver—perform a dual function in that they elaborate both an internal and external secretion. The pancreas, for example, secretes many digestive enzymes that are carried to the small intestine, and in addition produces its internal secretion, insulin, in the absence of which diabetes results.

The material elaborated by an endocrine gland is known as a hormone. Poured into the blood stream, these "chemical messengers" find their way to distant organs or tissues, producing stimulation or inhibition of some given physiologic activity. Hormones exert their actions on glands, nerves, and the metabolic processes; they serve to control the concentrations of many constituents of the blood, and are concerned with digestion, growth, reproduction, and menstruation.

The endocrine system.—The endocrine chain consists of the pituitary gland, the thyroid, the parathyroid bodies, the pancreas, adrenals, ovaries, and testicles. Glandular structures whose endocrine function is questionable are the liver, spleen, kidneys, thymus, and pineal body.

The many components of the endocrine system, while situated in widely separate locations in the body, func-



Here is graphic evidence of the effects of thyroid extract. Before administration (above), the baby was shriveled and malformed. After treatment (right), the baby shows normal growth and expression. W. B. Cannon. *Hygeia*, Apr. '23. (Gould and Pyle.)

tion harmoniously in perfect relationship to one another. Not infrequently, disturbed function in one is reflected by abnormal activity of one or more distantly located endocrine glands.

Recent studies have demonstrated that the pituitary gland, situated at the base of the brain, largely controls the activity of the other members of the endocrine system. No larger than a bean, this gland (also known as the hypophysis) elaborates at least ten distinct hormones which are unrelated to one another, each of which exerts a specific action. This control is not complete, since removal of the gland does not cause the other endocrine glands to cease functioning completely. It is said, therefore, that a relationship ex-

ists between the pituitary gland and the thyroid, the parathyroids, the adrenals, the mammae, the pancreas, and the gonads (testicles and ovaries).

The pituitary, in turn, is controlled to some extent by the glands which it itself governs. Following removal of the ovaries, for example, certain changes may be demonstrated in the pituitary. The exact cause of these changes is unknown, as is the controlling influence of the pituitary gland itself.

From the foregoing discussion, it is obvious that the influence brought to bear by one endocrine gland upon another is exerted through the medium of hormones. That is, the pituitary in-

★ *This is the fourth of a series of articles on frequently encountered diseases. Inquiries from readers will be answered promptly by the medical and nursing members of R.N.'s staff who prepared the material.*

creases the activity of the thyroid gland by elaborating a greater quantity of hormone (the thyrotropic hormone) which, upon reaching the thyroid gland, stimulates this structure. It is interesting to note that the various hormones, while distributed to all parts of the body, influence only the specific structure for which they are intended.

While a complete discussion of the science of endocrinology can hardly be presented in a short article, each of the major glands will be described, and an account given of the most important diseases produced by them.

The pituitary gland.—As noted, the pituitary gland, a small body located at the base of the brain, exerts a dominating influence upon virtually every other gland of internal secretion. It is composed of two lobes, the anterior and the posterior; the numerous hormones are elaborated by the former. From the latter is extracted a substance widely used in obstetrics for inducing contraction of the uterus.

In the event the pituitary gland pours out an excessive quantity of its secretion—usually as a result of tumor (adenoma) formation, gigantism or acromegaly develops. The former occurs before puberty, the latter thereafter. Because the pituitary controls the rate of growth, excessive secretion

produces marked changes in the size of the patient.

In gigantism, the child is noted to grow abnormally fast, and continues to do so until an enormous stature is attained. The proportion between the trunk and extremities remains fairly normal, so that the appearance, except for the extreme size, is not grotesque. The giants seen in circuses fall into this group.

If the abnormal secretion begins after growth has stopped (after puberty), acromegaly ensues. Since increase in the size of the long bones is impossible after puberty, only the bones of the face, head, hands, and feet respond to the increased elaboration of growth hormone. In consequence, the hands become enormously enlarged, assuming a spade-like ap-



Gigantism is due to overactivity of the anterior lobe of the pituitary gland before puberty. Underactivity of the same lobe causes dwarfism. This man and woman are the same age. Walter B. Cannon, *Hygeia*, Apr. '23. (Gould and Pyle.)



The changes which cause gigantism also cause acromegaly; but this condition occurs only after puberty. This illustration shows a woman with typical acromegalic physiognomy and changes in the hands. Wallace M. Yater, Archives of Internal Medicine, June '28. (All photos with this article are used by permission of the American Medical Association.)

pearance. The jaw increases in size and protrudes; the nose becomes large and wide; and the bones beneath the eyebrows thicken, forming an overhanging ledge above the eyes. The voice becomes hoarse, and because the feet enlarge with the hands, the gait becomes clumsy. Acromegaly, once seen, is readily recognized at a glance. Acromegalics show a tendency to diabetes, and usually become impotent.

Deficient activity of the anterior lobe of the pituitary gland produces a form of dwarfism. These miniature individuals, perfectly formed, apparently suffer no loss of intelligence. The head is disproportionately large, the voice is high-pitched, and the face has a worldly-wise expression. Dwarfs look older than their age. They average between 35 and 45 inches in height, and

their life expectancy is short. The recently isolated growth hormone, given hypodermically, usually causes rapid growth if administered before puberty. Many dwarfs have attained normal stature through the use of this hormone, which apparently is identical with that which their own pituitary fails to elaborate.

Diabetes insipidus is related to overgrowth of the posterior lobe of the pituitary. Apparently normal otherwise, patients afflicted with this condition pass from 4 to 20 quarts of highly dilute urine in 24 hours. The frequency of urination is so marked that sleep is severely disturbed.

The administration of posterior pituitary solution, either subcutaneously or intranasally, restores almost normal urination. [Continued on page 32]



"I'm inclined to believe that shopworn hoopdedoodle about virtue being rewarded..."

A rainbow 'round my shoulder

By ROXANN

• A chart of my life would look like a roller coaster—all ups and downs. Right now seems to be one of the "up" seasons, when all the nice things happen at once.

First and foremost, of course, is the new job. And for once I'm inclined to believe that shopworn hoopdedoodle about virtue being rewarded. Usually, my reward for work well done is more work; but this time it's different.

It's this way: For the past year, while I was finishing up the work on my degree at the university, I did pri-

vate duty and general duty at The Hospital whenever I got a chance. I always did what I thought was a pretty fair job of nursing, but nothing I—or anyone else—did, pleased the superintendent, Miss Jenkins. The rest of the staff were super-swell, but I think she came to the hospital three years before the Creation and was immune to new ideas. She even talked to some of the doctors as if they were babes in arms.

So nobody had to stifle heartbroken little sobs when she was pensioned off—much against her will. Although I know she was sure the hospital would fall in a heap without her, not a brick budged. However, I nearly fell in a heap when the job was offered to me. Only a month ago, I was wondering if all my study had been worth the trouble and whether there really was anything to this nursing business except grief. Now I have an interesting job with opportunities, and a grand bunch of associates.

The mercury in the thermometer would have been frozen solid if I had taken my temperature the day I appeared before the board to get down to cases on supervision, hospital economics, and such. The questions I was asked made one of these information-please programs on the radio sound as simple as a-tisket a-tasket. The board members will never know (I hope—I hope) how I scrambled through my notebooks and thanked the Lord for the fancy facts that had been shoved down my throat in those painfully thorough nursing classes at the university.

Just picture me—sweet and womanly, of course, but with dignified professional stance, estimating in an everybody-knows-that manner the approximate number of sheets needed for a

100-bed hospital, average daily census 73 1/4 patients. If you think it's easy, try it some time. Maybe your arithmetic is better than mine. After getting three correct answers in a row, I felt like a combination of Albert Einstein and Helen Hayes.

Fortunately, the medical superintendent was on my side. When the going got a bit rough, he steered the board members onto a fresh scent and they were off like a pack of hounds. Meanwhile, I reconnoitered and thought up questions to ask *them*. After all, a girl can't know *everything*! When we both ran out of questions, they gave me their blessing—just as though they had planned to all along.

So here I am, behind a nice old desk, battleground of a long line of harassed superintendents.

I prepared for my dramatic appearance by going up the Avenue and buying a half dozen of the slickest new streamlined uniforms you ever saw. No "umph," of course, but lots of tailored efficiency in every gore. A couple of pleats in the right places give me that look of well-developed and kindly social consciousness that is expected nowadays in personnel managers.

Every time I look in the mirror—flanked by Florence Nightingale and a drawing of the new obstetrical wing—I recall the Mother Hubbards I used to wear, and my vertebrae rattle like castanets. We may have looked noble in all that yardage, but we certainly weren't neat-and-nifty.

It seems like a dream to have a hospital budget flexible enough to allow room for improvements, and already we're off to a good start. On my first day, I made rounds through the nurses' residence. Every room was scrubbed within an inch of its life. But the drab

and makeshift furniture would have given Pollyanna the jitters.

The chairs were mended skillfully, not artistically. The shades were patched. If the desk was in the northwest corner of the room, the lights were in the southeast corner; or vice versa. All the discomforts of home, in other words, and none of the comforts.

I said, in my best wistful tones, "Some cretonnes and bed lamps and things would be pretty cheerful, wouldn't they?" Superintendent Bristol's six-year molars gleamed in the morning sun like an advertisement for a favorite gargle. "Just what we want! Now you figure out—" sez he. From that moment I had the time of my life planning rooms that might give our nurses a lift, instead of making them feel as sick as the patients.

Next we tackled the question of meals. The patients weren't getting such a bad break. Nothing very esthetic, you know, but nourishing and suitable, thanks to a competent dieti-



"Some cretonnes and things would be cheerful, wouldn't they?"

tian. But the poor nurses! Thank goodness we have an all-graduate staff so that there weren't any little malnourished students learning food habits from the prevailing cuisine. I didn't wonder that some of the general duty nurses were agitating for a raise in salary. They had to eat something, *somewhere*—and preferably in a less tomb-like atmosphere.

You should have seen the nurses' dining room—a nice, clean, well-ventilated morgue. What a face-lifting job we did on that crypt, though—and without straining the budget at the seams. We put colorful curtains at the window, the kind that wash easily but look gay and cheerful. The old tablecloths that had hung in a modified stalactite formation were made



"What a face-lifting job we did on that crypt..."

into washcloths for the wards—and we didn't replace them. A long siege of varnish-scraping, patient waiting, oiling (waiting), waxing (waiting), resulted in tables that could be set with colored doilies.

The nurses said they wouldn't kick even if the food didn't improve. But

—“Words, just words,” said I.

My experience around the wards all winter hadn't been wasted, and when I wanted a little upping in the nurses' dietary budget, I had a few rabbits to pull out of my cap. I'm not a snitcher; but nobody is going to pass up custards and fruits and other tidbits in the ward kitchen if she knows she's doing down to a dinner that would put to shame the solitary confinement cell at Sing Sing. The Budget Committee saw the light. We increased the per capita cost three cents a day, made a few changes in the kitchen, and—lo!—the calories and vitamins began to take on normal proportions and an irresistible appeal.

Still, I have a few things to cope with. I went up to Ward E the other day. When I walked onto the floor, the head nurse came over to meet me with her best professional manner. That made me feel pretty funny, after the way she had bossed me around when I specialed there a few months ago. We were managing the situation nicely, however, when Dr. Gordon popped out of his patient's room. “Heigh-o, Silver!” he shouted; and before I could tell him that I'm sort of working here now, he grabbed me around the waist and executed a couple of waltz steps.

I'm keeping that charge nurse in mind for promotion: Quietly and without a trace of the smile that must have been strangling her, she said, “Dr. Gordon, Miss Roxann is our new superintendent.”

I suppose I'll have to live down a past that hasn't been notable for its dignity, but I hope I won't forget for a long, long time that superintendents were given eyes *not* to see with—sometimes!

Nothing but the Truth

The witness stand, like the operating room, tests a nurse's nerve and coolness. Here are some facts to help you keep cool under fire.

By ELLIOTT H. MARRUS, LL.B.

• All eyes were focused on the small, neat figure of the nurse sitting in the witness chair. In a firm, confident voice she told of the last moments of Amy Strong.

Led by the friendly questions of Mr. Howard, the defense lawyer who had called her, the nurse drew a vivid word-picture of the dying woman who had changed her will at the last moment. The sympathetic faces of the judge and jury reassured her.

Completing his questioning, Mr. Howard smiled, and turning to the other attorney, said, "You may cross-examine."

There was a stir of anticipation in the courtroom and then a dead stillness as the attorney for the plaintiff planted himself before the witness. Determined to break down her calmness, he fired his questions with machine-gun rapidity. His method took its toll.

The nurse looked beseechingly to Mr. Howard for help, but he was engrossed in watching the jury. Confused, she turned to the judge, then to the jury. Their impartial expressions had vanished; they eyed her now

with suspicion. Limp and weak inside, she realized a clever lawyer was twisting her honest testimony into seeming perjury.

Perhaps if she had known what to expect when she was called as a witness, this might never have happened.

* * *

You are usually called to court by means of a *subpoena*. This legal paper which is served on you, directs you to come to a particular court at a definite time. If you do not come as directed, the judge may have you arrested for contempt. If you are ill, you may be excused on the written certification of a physician.

Most attorneys will pay you the equivalent of what you might have earned during the time you spend in court. If you are asked, while testifying, whether you are being paid for doing so, tell the truth. It is no crime to receive a reasonable sum for your time.

Sometimes the lawyer will want you to bring certain records with you. If you get one of these special subpoenas, bring the documents mentioned in it if you can. Otherwise, have some reasonable explanation.

When you sit in the witness chair you are all alone. You must answer the questions put to you without arguing or making speeches. In the atmosphere of tension which prevails in a courtroom, your every movement and word are watched and weighed, not only by the judge and jury, but by

the spectators as well. A life, a person's freedom, or a fortune may depend on what you have to say. In other words, for the moment you are IT.

Being on a witness stand does queer things to people. The strong sometimes cringe, while the fragile often show iron nerve under the most gruelling cross-examination.

There are two kinds of testimony you can give: (1) that based on *fact*, and (2) that based on *opinion*. Suppose you are called as a witness in a malpractice suit against a surgeon. You assisted at the operation where the alleged malpractice took place.

You may tell exactly what you did or what you saw happen. This is factual evidence—information which you secured "first-hand." If your view was blocked for a moment and you did not actually see the surgeon take the wrong instrument but were told about it by an associate who did, you cannot testify to it. This is called heresay evidence, and is usually forbidden.

In the same case, you may be called upon to give expert or opinion testimony. For example, you may be asked whether—in your opinion—the instruments were sufficiently sterilized; or to report any other matter in connection with your regular duties.

One type of query which frequently bothers even experienced witnesses is the hypothetical question. The lawyer may state a number of facts about which you testified and ask whether a certain event could have happened if those circumstances were present. Think carefully before you answer. If you are not sure, don't be afraid to say, "I do not know."

You may be called to testify about information you received while attend-

ing a patient. Some states have laws which forbid a nurse or doctor to disclose information acquired in a professional capacity. In one instance, however, a patient came to see his former nurse a few days before the trial *solely* to find out how she would testify. That nurse could tell what happened at this meeting. It was outside her professional relationship with her patient.

You can refuse to answer any question which might tend to show that you are guilty of a crime. This is called the *privilege against self-incrimination*.

A nurse is frequently the last one at the side of a dying person. Suppose a man, brought into the hospital seriously wounded, tells a nurse the name of the person who shot him. Ordinarily, such testimony is *heresay evidence*, information received from another, and so is not admissible at the trial. But, because of the special nature of these circumstances, the law makes an exception. If the patient is at the point of death and later dies, and if he did not have any hope of recovery, the nurse may tell what he said. This is called a *dying declaration*.

On cross-examination, a certain type of lawyer may resort to this common trick: In the midst of his questioning, he will suddenly ask in a sharp, accusing voice:

"Did you tell the defendant or his attorney before the trial what you were going to testify here?"

Unless previously warned, you may fall into the same trap as the witness who answered, "No, I did not."

QUESTION: "To whom did you talk about your testimony?"

ANSWER: "To no one."

QUESTION: "Are you sure that you

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did not tell anyone about what you just testified?"

ANSWER: "Yes."

QUESTION: "Then please tell the judge and jury how the attorney for

3. *Be prepared.* Before the trial, be sure you know your story, but not by rote. If necessary, bring notes and documents to refresh your memory.

4. *Listen attentively to the ques-*

Globe



"When you sit in the witness chair you are all alone. . . your every movement and word are watched and weighed. . ."

the defendant knew how and about what you could testify?"

Of course, there is no adequate answer to the last query. The witness has put himself in a spot. It is best to say frankly, "Yes, I spoke to the defendant and his attorney, and told them the truth."

The following ten rules, although not all-inclusive, may help you avoid witness-stand jitters.

1. *Be honest.* Tell only those things which you really know. Try to prevent sympathy with one of the parties from affecting your answers.

2. *Be courageous.* Don't let yourself be browbeaten or bullied from what you know to be the truth. The judge will see that the lawyers are fair to you.

tions. Do not answer unless you know exactly what information is desired. Watch out for trick queries.

5. *Do not volunteer.* Answer as briefly as possible, and *then stop*. If the lawyer wants a "yes" or "no," reply as he requests.

6. *Give facts.* Offer opinions only when specifically asked.

7. *Keep calm.* Sometimes the strain of a trial is trying. Avoid losing your temper.

8. *Speak slowly and distinctly.* A courtroom is a noisy place. Don't mutter!

9. *Face the judge or jury.* This position is an insurance against some of the courtroom antics of the lawyer.

10. *Use simple language.* Try to avoid technical terms.

The dangerous age

AN EDITORIAL

- Propagandists recently have been spreading the word that the "dangerous age" for women—and particularly for nurses—comes in the early forties.

Some negativistic studies, conducted by employment services, go even further. At 35, they assert, a nurse has reached the questionable status of "older woman." Researches reputed to have been based on nationwide investigation imply that it is difficult to place applicants of 30 years or older.

For the sake of logic, we ask: Does this attitude make sense? Is it reasonable to generalize so?

Fear for the future, we believe, is the wrong emotion to stimulate in a profession which already needs every possible opportunity to build confidence in itself.

In our opinion, "age" means a closed mind; youth is not measured in years, but in freshness of viewpoint, in freedom of thought and ideas.

Women who have narrowed their thinking down to a ready acceptance of established opinion are old at twenty. Those who cherish independence of act and thought are young at sixty.

Graphic proof may be found among today's nursing leaders. The vast majority of these are women who have reached their middle years and are putting to work the richness of their experience.

Psychologists tell us that a woman's best years fall between 35 and 45. Freed of the emotional conflicts of youth, the intelligent woman can then apply her ability to constructive achievement. Schoolroom antics ended, her wits are sharpened to the *effects* of activity, rather than to activity itself.

If there is a "dangerous age" for nurses, we believe it arrives much earlier. It comes in the student period and in the years immediately after. These are the formative years when professional judgment is being molded, when the opportunity to hold to your convictions is yours to accept or reject.

Age is no barrier to the nurse who burnishes adult judgment with youthful enthusiasm. But the woman whose mind is set, whose imagination is inflexible, is old—desperately old—regardless of her years.

Never let it be said that this happened to you!

OCTOBER, 1938

A

Coiffure

that can be "capped"

Going up? Before rashly taking that elevating step, face these facts:

1. **Make sure it suits you.**
Prominent ears, thin necks "can't take it."
2. **Keep it simple.**
3. **Keep it well-groomed.**
4. **Avoid giddy, bird's-nest effects.**
5. **Remember that your head and hair-do are related to the whole figure. Choose your own style accordingly.**
6. **Have the courage to avoid it—if it is not becoming.**

• This season's giddy but gay trend toward curls piled high on top of the head makes the nurse more than ever fashion's forgotten woman. Hair "up" may have charm under one of the new doll's hats featured for fall. But under a nurse's cap—well, at best the result is amusing.

What to do about it?

We took the problem, and a nurse's cap, to one of the nation's leading hair stylists. "Can you help us?" we asked.

"A nurse wants to be *à la mode* when she's off-duty. But she must look professional in her uniform and cap. Isn't there some way to compromise?"

You see the results illustrated on these pages.

Here is a coiffure for the nurse who works hard all day but still plans to play a bit. In line with the upward trend, the hair is swirled to the left and up across the back with a vertical wave to give softness and "lift" to the coiffure. The hair at the end of the swirl, on the side, is caught up and held securely with a comb. The high side roll further expresses the upward feeling.

Notice how nicely the cap goes on over the sleek crown featured by this coiffure. Although the entire style is simple, the emphasis on soft lines at the front and at the sides avoids all trace of severity. This is an important factor. For stiff uniforms and angular caps have a tendency to over-accentuate all our feature-faults.

The swirled back of the coiffure insures a well-shaped and well-groomed neckline at all times. Dressed in this fashion, it will be almost impossible for your hair to go wispy and straggle down over the collar of your uniform.

Charles of the Ritz gave us some other pointers which you may find helpful should you decide to have your

hair re-styled for the fall and winter.

In styling hair it is as important to the hairdresser to know you as to understand the current trend. Ideally, he should know both, if he is to create a hair style that is modish, becoming, and practical.

Never allow your hair to be dressed in any style, however fashionable, that is going to make you feel—or look—ridiculous. The "up" coiffure is popular this year because dress and hat designers have used its important silhouette in relating the hair to the rest of their ideal fashion figure. If it does not become you, even in a modified form, don't let yourself be tempted. It is a style that shows off the shape of the head—hence, not for women with large or protruding ears, scrawny necks, or that tell-tale fleshy hump between the shoulders.

Remember that the shape of your head and your face are fixed, but that

hair can be re-arranged and allowed to compensate for a long line here, a full one there. You can change your entire appearance by artful hairdressing. Never, never wear any style until you are sure it is right for you, until you are certain that it doesn't emphasize that longish nose, squarish chin, overly-high forehead, or whatever your own problem may be.

Finally, by all means, select a coiffure that can be kept in order all the time. For nurses, a simple hair-dress is best. This will look trim while on duty and still carry sufficient styling to add dash to your social hours. The perfect combination!—KAY MARCH.

Charles of the Ritz photos



In the photograph at the left, notice the soft, yet trim lines that frame the face. Above, a sleek crown allows for secure capping. Flattering side rolls avoid severity and give an upward line to the arrangement.

Industry

- Do you want to escape the humdrum of routine and achieve a niche of your own in nursing?

Imaginative nurses who know that a career is what you make it, are finding bright new horizons to explore in the field of industry. They are creating their own careers, using their own initiative to build themselves a substantial future.

Probably no other branch of nursing offers so much opportunity for

the nurse who likes to work independently. And never before has industry been so ripe for suggestions from nurses who can point the way to health-saving, time-saving methods.

If you like to do your own professional thinking, if you believe you have ideas and want to put them to work, perhaps you can make yourself a place in industrial nursing. Here are suggestions as to how to prepare your line of attack.

Galloway



Hazardous underground construction means a nurse in constant attendance. Here an industrial nurse enters a compression chamber to care for a victim of bends.

offers you a career

A thorough groundwork in public health nursing is your basic essential. To this scientific knowledge, social service study should be added to help you solve the family and community problems which industrial nursing embraces. Then, too, you must have special courses in industrial safety, industrial sanitation, industrial hygiene, and industrial relations. You will find these at most institutions which provide courses in public health nursing.

Of course, you could enter industrial work without these extra studies—but under a handicap.

After preparation, where may positions be found?

Department stores, banks, motion picture houses in large cities—all have industrial nurses who watch the workers' welfare and provide special comforts for women patrons. Private clubs, art galleries, theaters, museums, office buildings, ball parks, newspaper plants, automobile factories, mines, quarries, transportation and communication systems are other possibilities. In short, you will find opportunities galore anywhere that industry employs a large number of workers—in this country or in our island possessions.

Storming the Bastille of Big Business, however, is not a one-two-three task. You will have to deal with men and women who are used to driving hard bargains. The enthusiasm you feel will have to be backed up by clear facts—facts convincingly presented.

Before making any actual contacts,

Industrial nursing brings out the individualist in you. In this vast branch of service, you have a chance to make your ideas pay. The author tells you how.

By BEULAH FRANCE, R.N.

become absolute master of all your selling points. Be convinced of your own ability if you want to convince others. Have at your fingertips a few salient reasons why industry needs you. Back your reasons with dramatic examples. Outline some plans for the work you want to do. And familiarize yourself with state and federal compensation laws.

Equipped with these facts, work out a practical "sales talk." Remember that you are not filling a vacancy; you are creating a new and needed post. Rehearse your role before a critic who can find air-holes in your argument. Make it compact and foolproof; practice it until it is nearly perfect. Then—and only then—can you safely tackle the real situation.

The approach to the possible employer? As a rule, the first contact is made through a well-written letter addressed to the president of the organization *by name*. It should be short, but should state clearly who you are and that you have an idea you would like to discuss with the president himself. Ask for the "priv-

lege of an interview." Your arguments are far more forceful when presented personally; for then alone can you sense the employer's reaction to your plans.

When a personal interview cannot be arranged, send a second letter—this time to the person who answered your first communication. Outline your suggestions clearly and concisely.

If it sounds easy—it isn't. You may meet so many rebuffs you'll decide there's no use trying. But, remember,

at one time there were no industrial nurses. Now there are hundreds. Members of the profession who had proper preparation, vision, determination, and the courage of their convictions brought about this change. If you have these qualities, some door in industry is open to you.

Naturally, a score of other questions swarm in your mind. "Where shall I find a concern that might be interested?" "How shall I secure the presi-

[Continued on page 42]

Acme



"There! Now you can go back to work." Treating minor injuries is part of the daily routine of the department store nurse.

Vitamins for health!

By H. E. DUBIN, Ph.D.

• Because vitamin and mineral deficiencies have been observed so frequently in apparently well-nourished individuals, the medical profession today turns the spotlight on nutrition as one of the major health problems. Your daily intake of these nutritional essentials, then, deserves special attention, if you would keep your health, efficiency, and earning power at its best.

It is now established that a low vitamin intake may often exist long before it can be recognized clinically. Definite symptoms are usually absent. However, there may be an awareness of vague ill health, easy fatigability, recurrent aches and pains of a non-specific character, and generally lowered vitality. Perhaps you have observed this "symptomless syndrome" in an occasional patient. Or, you may have experienced it yourself. For, according to recent investigations, mild asymptomatic vitamin deficiencies occur commonly even among people who observe a seemingly well-rounded diet.

Vorhaus, in a recent review of the causes of clinical and sub-clinical deficiencies, lists the following factors:

Errors in eating (malnutrition, diet fads and eccentricities, chronic alcoholism, restricted diets for treatment of diseases).

Increased need for vitamins (growth, pregnancy and lactation, increased work, hyperthyroidism, infections).

Impaired absorption or excessive de-

struction of vitamins (vomiting, diarrhea, alteration of gastrointestinal functions, advanced hepatic or pancreatic diseases).

Here is a further cause of malnutrition: Certain vitamins are easily destroyed unless proper precautions are observed in the handling of foods. Investigations reveal that mineral values vary within wide limits in foods grown on different soils and subjected to different cooking processes.

Thus, we cannot always rely on "protective foods" (fresh fruits, vegetables, and dairy products) to provide the needed vitamins and minerals. This is particularly true during growth, pregnancy and lactation, elevated metabolism, and infectious or toxic states. Medical authorities emphasize the importance of a supplementary intake of these nutritional elements during such periods of added strain on the metabolic processes.

Extra vitamins are also called for during periods of over-exertion, either mental or physical. Unfortunately, all too often, the tendency is to neglect proper eating habits when called on for long hours of duty. Even if caloric intake is neglected at these times, the nurse can help keep her overworked body supplied with vitamins and minerals by taking them in concentrated form along with the hasty bite of lunch.

Vitamins are cooperatively related to each other and to certain minerals in their function. They work to their

[Continued on page 38]

Nutrition Briefs

Although life with a permanent colostomy is by no means pleasant, able nurses can help most patients to minimize the discomforts of an abdominal anus. The secret lies in proper management and, particularly, in a proper diet.

Primarily, the object of dietary control is to promote a degree of constipation such that the patient will have an evacuation only after irrigation. The diet, accordingly, should be bland, low in fats and high in carbohydrates. Harsh, high-residue foods, or those with laxative properties, such as prunes and apricots are taboo. Banned, too, are condiments, coffee, and alcohol. Vegetables should be well cooked and finely sieved, at least during the early training period. Fluids need not be restricted, although water should be taken only with meals because it might otherwise stimulate the gastrocolic reflex.

Once the patient is satisfactorily constipated, one can strive cautiously for a greater latitude in the diet. New foods may be introduced one at a time, every second day. The number of permissible additions will vary according to the patient. With some, a markedly restricted diet will always be necessary; with others, particularly those who have been constipated throughout life, a well-rounded diet will not interfere with proper control.

*Druckerman, L. J.: The Management of a Permanent Colostomy.
Am. J. Dig. Dis. 5:382, August 1938.*



Love, in Elizabethan days, sent a little gift of tomatoes. Not until the 19th century did the "apple of love" achieve dietary significance. But its rise in popularity was so rapid that the tomato, today, is almost as widely distributed as wheat. Twentieth century research has demonstrated why this succulent fruit has such a high nutritive value.

Rich in vitamins A and B₁, the tomato is an especially good source of vitamin C. In this respect it has a particular bearing on infant welfare because it affords antiscorbutic protection at a much lower cost than do the citrus fruits. Most important, these nutritive values are retained, after cooking or canning, to a far greater degree than for most other vegetables.

Taking a broader viewpoint, the tomato plays an important role in our entire nutritional economy because it is one of the few protective foods that is without seasonal variation in supply. For example, when local tomatoes disappear from the markets in Northern states, tomatoes from Florida, Texas, or California are available. In recent years, selective culturing has developed varieties which may be harvested green, and which will ripen in transit, thus assuring a year-long supply.



Fyler, H. M.: The Versatile Tomato, Hygeia, 16:727, August 1938.

The steadily mounting incidence of diabetes (soon it will equal tuberculosis as a man-killer) presents a neat problem of prevention. Two major reasons why we have diabetes are heredity and diet. Control of the first through eugenics is hopeless because already every fourth person you meet is an hereditary diabetic carrier. Control of diet, however, extends some hope that the diabetic tide may be stemmed through avoidance of obesity—perhaps the greatest single cause of diabetes in the predisposed.

Contrary to popular belief, the potential diabetic need only watch *total* caloric intake—there is no need to cut down on carbohydrates. Indeed, the practice of advising a low carbohydrate diet as a safeguard against diabetes is irrational. When sugars are restricted, fat intake tends to climb as the individual seeks to compensate for lost calories. But latest physiological research demonstrates that a low carbohydrate, high fat diet may actually impair sugar tolerance. Proof lies in the case histories of unfortunates who, fearing diabetes, restricted their carbohydrate intake and promptly developed a mild glycosuria. Resumption of a normal diet resulted in permanent disappearance of the diabetic symptoms.



Adlersberg, D., and Siegal S.: Diet in the Prevention of Diabetes Mellitus. New Eng. J. Med. 219:194, August 11, 1938.

Much has been written about vitamin D and dental caries, ever since May Mellanby first postulated a relationship between the two. The Mellanby theory precipitated a controversy because the non-dietary cause of caries was on such apparently firm ground.

Four years of research, however, now reported for the first time, entirely confirm the definite role of vitamin D in the prevention of dental caries.

The study involved 800 children of school age, living in institutions where the diet was without gross deficiencies, although short of the optimum levels for milk, fruits, and vegetables. Examination of the children in the autumn, winter, and late spring demonstrated a variation in the incidence of caries, the peak coming during the winter-spring period. The drop in new lesions during the summer suggests that, without any change in diet, the vitamin D of sun-

shine tends to lower the incidence of caries. Revision of the "standard" diet to provide ample levels of the protective foods was also effective, but maximum reduction in incidence, particularly in sunless months, was observed only after the diet was supplemented with 800 U.S.P. units of vitamin D daily in the form of cod liver oil. Viosterol did not equal cod liver oil in effect, even when fed at double the unitage. On the other hand, exposure of the children to ultra violet light prevented caries to a degree comparable with the results of feeding cod liver oil.

The evidence overwhelmingly corroborates the Mellanby hypothesis that condition of teeth is an excellent yardstick by which to measure nutritional status, particularly as concerns the reserves of vitamin D, calcium, and phosphorus.

Zucker, T. F., and McBeath, E. C.: The Role of Vitamin D in the Control of Dental Caries in Children. J. Nutrition, 15:547, June 10, 1938.



Calling all nurses

Is there someone in the profession you'd like to get in touch with? Already, this department has brought together scores of old friends! If you've lost track of a classmate, or want to find a co-worker from early nursing days, address a notice to the "Calling all nurses" editor. Each notice should not be longer than 100 words. You may sign your message with initials or a nickname, if you wish. But be sure to send along your full name and address so that replies may be forwarded to you. There is no charge for this service to registered nurses.

TOPEKA NURSES: Members of the Class of 1912, Christ's Hospital. Let's make this a real get-together Christmas . . . at least in spirit! If any of you 1912'ers see this call, write to me, and we'll start a round-robin Christmas letter. Send along whatever addresses you may have of any of our classmates. Mamie Ellington Thorne, 234 M St., Salt Lake City, Utah.

EDNA STAYTON: Graduate Baptist Memorial Hospital, Memphis, Tenn., 1930. Dear Stayton: What in the world has happened to you? I haven't heard a word in years. I'd love a letter. Mildred C. Jackson (formerly Mildred Crumley), Veterans Hospital, Mountain Home, Tenn.

VICTORIA NIBLOCK: I'm hoping that someone among *R.N.*'s readers can give me the address of this classmate. All I know is that she went to Canada some years ago. We were graduated from the Methodist Episcopal Hospital, Brooklyn, N. Y., in 1912. I would be very happy to have news of her. Bertha M. Hardcastle, 219 St. Johns Place, Brooklyn, N. Y.

LOUISE KIMBERGER: What was your next stop after Herman Kiefer Sanitarium, Detroit, in 1936? Since coming to California, I've lost every trace of you. Let's get together by mail and reminisce about our *P.G.* days at St. Louis City Hospital.

A card will do; I'll write the first big letter! Alta Baumgartner, 11855 Goshen Ave., Los Angeles, Calif.

MARY E. WHITAKER: Graduate of Ottumwa Hospital, Ottumwa, Iowa. Dear Mary: The letter telling of your mother's death was destroyed by mistake, and your address along with it. Please write me again as I am anxious to hear from you. Edith Arnold Staffanon, 315 4th Ave., Grinnell, Iowa.

CHARLOTTE WILLS: I often think of our experiences in the A.N.C. Am I going to hear from you again some day? A letter would be very welcome. Edna Weaver King, 3727 Tweedy Abbott Road, South Gate, Calif.

DORA RODGERS: The effects of our one communication since Fennell Infirmary days have just about worn off. It would be great to see you or hear from you again. I still think of you as one of the best friends I ever had. "Mackey," 335 Flint St., Rock Hill, S. C.

BETTA SWINDERMAN: It's a long call from working together in Fargo, North Dakota, in 1911. I ran across Miss Sneider in 1932, and we're friends all over again. We'd both love to hear from you. Rebecca Wahl.

Are You Only HALF A NURSE?

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**Work Better • Feel Fitter
Earn More**

**TAKE
VI-SYNERAL
DAILY**



Nursing is a strenuous job. It's tough on nerves, mind and body. Appetite fails; meals are grabbed on the run. Those vital protective food elements, vitamins and minerals, are not ingested in sufficient quantities for optimal health needs. That makes it all the harder to do justice to yourself and your patients.

Now . . . 2 tiny Vi-Syneral capsules daily will give you an abundance of those precious food elements, vitamins and minerals . . . in concentrated form. A more exuberant vitality, a springier step may be yours. You'll eat better, sleep better, and you'll take the toughest of nursing days in stride and be ready for the next in top form.

BE A FAVORITE WITH PATIENTS AND DOCTORS

Patients and doctors will like the new

woman that will be you. Patients will feel more cheerful because *you* will be more cheerful. Your services will be in greater demand.

VI-SYNERAL*, you see, has what it takes . . . *all* the definitely recognized vitamins fortified with eight essential minerals . . . carefully and scientifically balanced for maximum protective food benefits. Every box of 50 Vi-Syneral capsules contains the vitamin-mineral value of hundreds of pounds of fresh vegetables, milk, fruits and other foods.

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Endocrinology

[Continued from page 13]

The thyroid gland.—This bilobed structure, located in the neck, straddles the trachea just below the voice box. Its function is to control the metabolic rate by emitting a constant flow of its secretion into the blood stream. The thyroid gland depends for its activity upon an adequate supply of iodine. In the absence of this essential element, serious derangements of function occur.

Until recently, the most common thyroid abnormality was the simple goiter. Formerly endemic in geographic locations far removed from the sea, this harmless goiter may grow to the size of a grapefruit. It produces no alteration of the metabolic rate, but may exert pressure upon the trachea, necessitating removal because of interference with breathing. Since the advent of iodized salt, the incidence of simple goiter has dropped to virtually nil.

An inadequate supply of iodine may lead to cretinism, a condition due to deficient thyroid secretion. Occurring early in life, cretinism stunts the growth and retards intellectual development. If not corrected, it becomes irrevocable; the mind is imbecilic and the stature small. The administration of thyroid extract provides the deficient secretion and quickly restores normality, provided the condition has not produced permanent changes.

Deficient thyroid secretion in adult life leads to myxedema. The mind becomes dull, the skin edematous, the face assumes a blank expression, and extreme tiredness is experienced. The basal metabolic rate is low (-40); weight is put on despite a poor appe-

ite. The administration of thyroid extract leads to rapid disappearance of these symptoms.

Excessive secretion of the thyroid hormone, resulting in an increase in the metabolic processes, produces the well known state of hyperthyroidism. The pulse is rapid, the heart pounds, the face is flushed. The skin is warm and moist, and an expression of tenseness and apprehension is readily detected. The thyroid gland may or may not be enlarged. In some forms of hyperthyroidism, the eyes protrude markedly (exophthalmus). Despite an abnormally large appetite, weight is lost. The patient feels on edge and "nervous"; a tremor of the hands is common. The basal metabolic rate ranges from +30 to +60.

The most satisfactory treatment of hyperthyroidism is excision of the abnormal thyroid gland. This removes the source of the excessive secretion, and quickly overcomes the condition.

The parathyroid bodies.—These glandular structures, numbering four to eight, are situated in close proximity to the thyroid gland. They are of importance because of their occasional accidental removal during the course of a thyroidectomy. In the event this mishap occurs, the syndrome of tetany develops.

Tetany makes its appearance from three to seven days after thyroid removal. The patient may complain of a tingling sensation in the extremities, and a general feeling of "nervousness." Shortly thereafter, the hands and feet become spastic—carpopedal spasm—and the muscles of the face and body twitch irregularly. The irritability of the muscles is so great that tapping on the nerve produces twitching. At times, the larynx may become in-



MENSTRUAL COMFORT

While the cause of many menstrual aberrations may lurk obscurely in some systemic condition, Ergoapiol can help to mitigate discomfort and normalize functional expression by its stimulus to uterine tone and by its hemostatic effect. Its balanced ergot content, with apiol (M.H.S. Special), oil of savin, and aloin, provides welcome relief in functional amenorrhea, dysmenorrhea, menorrhagia. Valuable also in the menopause. Literature on request.

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Why not simplify the management of Convalescence

BY ADDING THIS FOOD TO THE DIET
OF PATIENTS WHO NEED "BUILDING UP"?

**Easily digested, supplies valuable
Vitamins, Minerals . . . Makes milk
more digestible, helps digest starches
... A "PROTECTIVE" FOOD!**

THE successful management of convalescence is one of the most difficult parts of a doctor's task.

One reason is that the patient during convalescence must frequently be kept on a restricted diet. This raises the problem of combining enough nourishment with sufficient "protective" factors.

Many physicians are finding Ovaltine of help in solving this problem. Ovaltine combines easily-digested carbohydrates, excellent proteins, four important vitamins (A, B, D and G) and three important minerals (Calcium, Phosphorus and Iron) . . . In short, it is a protective food.

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For example, it makes milk more digestible by reducing its curd tension. In addition, it helps to digest starches (as revealed by tests). Thus it permits the stomach to empty sooner.

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Valuable Especially for Children

Ovaltine is especially valuable for children who need building up. It is also widely used by expectant and nursing mothers. And it is recommended as an addition to the diet of older people and invalids.

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Ovaltine



Patients during convalescence are often on a restricted diet. They require a diet that will keep up their strength and supply "protective" properties. Ovaltine is being found of exceptional aid today in connection with this problem of diet during convalescence.

sleep when used as a "nightcap." It contains absolutely no sleep drugs.

Why not recommend Ovaltine to your patients? It has been used for over 40 years, and is now in use in 57 countries throughout the civilized world.

Ovaltine has a delicious, distinctive flavor all its own, which patients do not readily tire of... They will welcome its inclusion in their diet.

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volved, interfering with inspiration.

Tetany is due to a diminution in the blood calcium level, the result of insufficient parathyroid hormone. It follows, therefore, that the parathyroid glands serve to regulate the calcium content of the blood.

The symptoms of tetany are promptly corrected by calcium in the form of calcium gluconate. This substance may be given either orally or intravenously. Para-thor-mone, an extract obtained from the parathyroid glands, supplies the deficient hormone and thus relieves the symptoms of tetany.

The pancreas.—The pancreas, in addition to supplying digestive enzymes which are poured into the small intestine, elaborates insulin, in the absence of which diabetes mellitus develops. Since diabetes mellitus was the subject of another article in this series (July), no further mention will be made of it at this time.

The adrenals.—Situated on the upper poles of the kidneys, the adrenal glands perform a dual function. They are composed of two portions, the outer cortex and the inner medulla. Extracts of the medulla yield epinephrine, a powerful stimulant. It is believed that epinephrine is secreted during life, and that it contributes to the regulation of

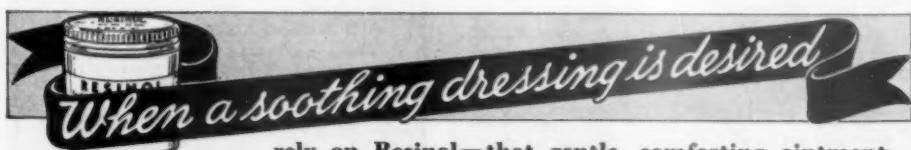
the blood pressure. The medulla may be removed without seriously impairing the health.

The cortex, on the other hand, is essential for life. At times it is destroyed by tuberculosis or degenerates for some obscure reason; its destruction leads to Addison's disease.

Addison's disease develops insidiously. It may manifest itself by weakness for a period of years before its seriousness is realized. Gradually becoming more severe, the lethargy seriously restricts the physical activity of the patient. A brown pigmentation of the skin is detected, especially on the exposed surfaces. Patches of brown pigmentation occur in the mouth. The blood pressure is characteristically low—below 70 mm. of mercury.

The weakness increases in severity, in time confining the patient to his bed. Nausea and incessant vomiting complicate the picture.

In recent years, an extract has been obtained from the adrenal glands which, when injected, overcomes the weakness and raises the blood pressure. When given in conjunction with copious quantities of salt, it improves the physical condition and prolongs the life of the patient. Despite the beneficial action of this hormone, however, Addison's disease terminates fatally.



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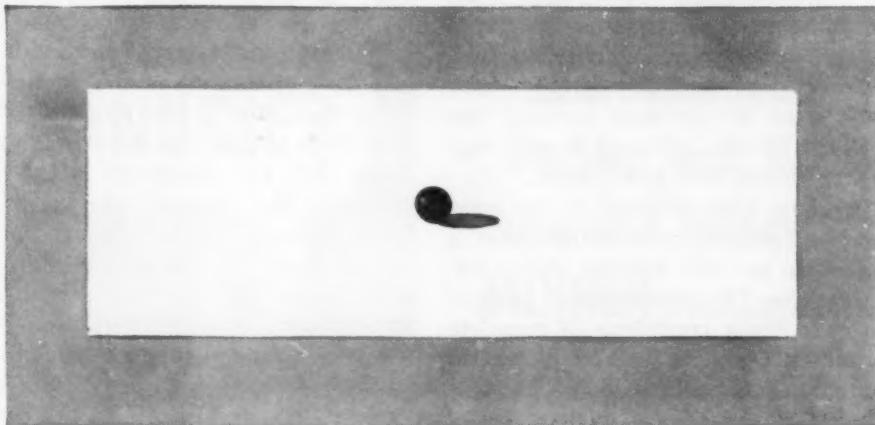
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Vitamins

[Continued from page 27]

fullest capacity for the health of the body when they are consumed in correctly balanced proportions. Due to demineralization of the soil and to the fact that certain vitamins are destroyed by storage or by exposure to high temperatures, the average diet may lack some of the most essential nutritional factors, although it may supply sufficient bulk and calories.

Vorhaus calls attention to the numbers of patients who suffer from a moderate or mild vitamin deficiency, and states: "It is exceptional for man to exist under conditions of complete or almost complete absence of any *one* vitamin. The much more frequent clinical state is one of mild or partial deficiency of one or several vitamins over a long period of time."

This is substantially the experience of an increasingly large proportion of medical investigators. Nearly a decade ago, Langstroth observed marked improvement in a high percentage of patients suffering from degenerative diseases after he had put them on a regime which assured a high intake of vitamins and minerals. Other nutritional scientists have demonstrated that there is a positive enhancement

of health, vitality, and well-being from the intake of generous amounts of the essential vitamins.

There is a wide difference between the minimal amounts of vitamins needed to protect the body from actual deficiencies and the optimal amounts (far in excess of the minimal) which result in "buoyant" or "positive" health. "Preservation of the characteristics of youth" is the term used by McCollum to describe the effects produced by an abundant intake of vitamins. He observed that animals fed on a poorly balanced diet lose these characteristics of youth sooner than animals receiving a diet rich in vitamins and minerals.

Sherman has found that there is a marked increase in vigor, vitality, fertility, length of life, and general well-being in animals that are fed generous portions of vitamins in contrast to animals that receive diets adequate to protect them from deficiency diseases.

Since the "protective foods" are not always an adequate source of vitamins and minerals, there is good reason for supplementing the daily diet with a standardized vitamin-mineral concentrate. The clinical record of the administration of such a concentrate, in the hands of many physicians who



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And it certainly is important to *infant safety* for mothers to give their babies daily anointings with Mennen Antiseptic Oil.

3200 hospitals—90% of those important in maternity work—use this oil in their nurseries to help keep the baby's skin safer from infection. They use it for removing the vernix, for the first antiseptic cleansing and for the daily anointings.

They recommend that the use of the oil be continued by the mother at home. So do many thousands of doctors.

Add your recommendation. Help your new mothers in their understanding of the proper care of their babies.

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Send me free professional samples of Mennen Antiseptic Oil and Mennen Antiseptic Borated Powder.

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- ...in avitaminoses, to help restore normal metabolism and to insure freedom from vitamin and mineral dietary deficiency;
- ...as an aid with other medications, to enhance quicker response to specific treatment;
- ...as a supplement to the diet of infants and children, to provide the necessary elements for growth;
- ...to replenish the vitamins and minerals ordinarily depleted by the drain upon the body during the pregnancy and lactation period;
- ...as a stimulant to energy during debilitated or convalescent periods.

Possibly you, yourself, appear to

be well nourished, subsisting on what you consider an adequately balanced diet. And yet, you may actually be in that border zone between optimal health and nutritional deficiency. You are, perhaps, aware only of an absence of vitality and positive well-being. You attribute this to long hours of duty, interrupted sleep, and irregular living habits common to your profession. As a matter of fact, however, an insufficient intake of vitamins and minerals may well be an important contributing factor to that vague feeling of not being up to par.

It is regrettable that natural foods have not yet become as standardized in vitamin and mineral content as they are in grades of quality, color, and other physical characteristics. Until such time as they may become thus standardized, it is well to remember that your diet, no matter how well

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Another twelve hour night done. Your nerves are "shot". Mental faculties dull. Digestive system below par. A dull headache pain adds to your misery. Yet you must be fresh on the morrow for another night's grind. Consider BROMO-SELTZER for headaches and frayed nerves. It gives you prompt analgesia and soothes nerves to permit relaxation. Citrates are present to help the digestive system and replenish the alkaline stores. Your own experience will prove to you how efficiently and rapidly BROMO-SELTZER relieves pain. Your patients, too, will welcome its efficacy.



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ALKALINE SALINE CLEANSING

balanced it may appear, will vary greatly in its vitamin and mineral content. Accordingly, you may find it advantageous to supplement your diet with a vitamin and mineral concentrate. In any case, vitamins mean more abundant health and increased efficiency.

Industry

[Continued from page 26]

dent's name?" "Just what would my duties be, anyway?"

Look first for openings near home. In every town and city there are industries of one sort or another. A few telephone calls will tell you which ones have no nurses. And the same phone calls will probably reveal the name of each organization's president.

Next, determine the number of employees and the facilities for health protection. Arm yourself with facts and statistics. Banks, libraries, and your local chamber of commerce are good information sources.

Once you are "in," make good—and be able to prove it. Devise some way of keeping careful records to prove you are increasing the workers' efficiency and saving the company's money. Charts that show reductions in the sick list, case histories of individuals who have improved their health under your teaching, facts on accident reduction through your safety campaign—all these will dramatize your worth.

Set up an office and a first-aid station as complete as your budget will allow. Inspect and improve the rest rooms. Try to increase comforts for the employees. Arrange for motion pictures on health, hygiene, and safe-

ty. Plan healthful noontime recreations. Work always in close cooperation with the chief executive and with the doctors assigned to help you. (And don't forget that tact is an asset in any job.)

Once your facilities and routine are established, your personality must be put to work. To be a friend to the employees, you must know them. Mingle with them, ask about their families; visit in the homes where illnesses or new babies are reported. Teach members of workers' families how to carry out the doctor's orders and how to maintain high health standards. Win their friendship.

Your primary consideration of course, is health. But your duties will go beyond this if you are the right person for the work.

In a Maine shoe factory, one nurse keeps a constant check on communicable diseases with the aid of a doctor who makes daily calls to her office. Employees sent home with high temperatures are watched carefully by the nurse when she visits them to check on their progress.

Nurses working on sugar and pineapple plantations in Hawaii are teaching the natives proper diet and have established baby clinics.

In a southwestern village where almost the entire population is employed in a single industry, another nurse has outlined a program covering the factory, homes, community store, and church. She has even organized a Sunday School, a Boy Scout troop, and clubs for all ages!

In Anderson, Indiana, the American Steel and Wire Company's nurse has been instrumental in securing a motion picture room and full equipment. There, pictures concerning safe-



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Contains no adulterants to irritate skin, won't grow hair or harden in pores. Gentle cleansing action clears pores of dirt and make-up, protects natural texture, leaves skin soft, smooth, radiant.

Trial Size, 10¢; Vanity Jar, 50¢; One-pound Tin, \$1. Made by McKesson & Robbins, whose products have been prescribed by doctors for 105 years.



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R.N.—a Journal for Nurses is mailed free to any registered nurse engaged in active duty in the United States or its possessions. Nurses in active service in foreign countries may receive the magazine by sending us 50 cents to cover a year's postage. A charge of \$1.00 a year is made to nurses who have kept up their registrations, but are not now actively nursing.

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Your name will be placed on our mailing list just as soon as possible, although with the thousands of requests we are receiving this may take a little time.

Remember, *R.N.* is an independent journal, dedicated to serve the fine profession of nursing. It is not affiliated with any organization or political group. It is your journal.

ty are shown regularly. Through her efforts, a piano and victrola were obtained, and recreational programs—including parties and picnics—are being planned continually.

Your field of activity will be as wide as your ideas.

Now, what is in it for *you*? The nurse in industry has regular employment, regular hours, long weekends, vacations and sick leave with pay. Add to these a high standing in her community; a fascinating, challenging job; and the world at her feet, so far as possibilities for advancement are concerned.

Financial compensation varies, of course. All such arrangements would be made between you and your employer. But here is an idea you may find practical: Try dividing your time among say, three small concerns. Fifty dollars a month from each, with perhaps a car and its upkeep provided, is not unreasonable to expect.

If you're mentally young, ambitious, and can give the "long view" to a position, realize that once you make good in industry your fame will spread. Opportunities for progress are bound to come. A successful nurse, who proves herself invaluable to an industrial organization, can in time write her own ticket.

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DENTIFRICE: Attractively clean teeth are half the charm of a smile. CLAYTON's TOOTH POWDER not only cleanses and helps whiten teeth, but its flavor leaves the breath sweet, the mouth refreshed. It was originally compounded for a group of oral surgeons. For your sample, address the Occy-Crustine Laboratories, Dept. RN 10-38, Salisbury, Conn.

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CEREAL: Whatever the age, the diet should benefit by the addition of CEREVIM, a nutritive grain food. Rich in vitamins and minerals, it is used as a starting food for infants and as a cereal for children and adults. It may be served hot or cold. For free descriptive literature, write Hugh Tebault & Co., Inc., Dept. RN 10-38, 100 Sixth Ave., New York, N. Y.

ACNE RELIEF: Want that "schoolgirl complexion?" MAGMA SULFORATA is a handy aid to help clear up acne and allied skin conditions. It is a stable lotio sul-

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MINERALS: There's a gold mine of vitality in FELLOWS' SYRUP for the nurse or the patient whose energy is always at low ebb. Many important minerals are present in this tonic. Write for a sample. Fellows Medical Co., Dept. RN 10-38, 26 Christopher St., New York, N. Y.

ANODYNE: When a "pain in the neck" means aching, stiff, or sore muscles, try MINIT-RUB for relief. As a chest rub, it is also said to stimulate circulation during colds and superficial throat congestion. Sample on request. Bristol-Myers Co., Dept. RN 10-38, 630 Fifth Ave., New York, N. Y.

FACE POWDER: Keeping beautiful with hay fever almost can't be done. *Almost*, because CHIFFON POWDER has been used successfully by hay-feverites. Its fine texture, moreover, will be a joy to all women. Comes in the current popular shades. Try a sample size. Primrose House, Dept. RN 10-38, 595 Fifth Ave., New York, N. Y.

CHOLAGOGUE: Certain foods disagree with you? Medication with TAURCOL (Plessner) will speed uninteresting meals out of your life by encouraging intestinal activity. Is also said to be useful in conditions associated with deficient gallbladder drainage and in chronic cholecystitis. A sample will be sent on request. The Paul Plessner Co., Dept. RN 10-38, 3538 Brooklyn Ave., Detroit, Mich.

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Looking for a new position? If you are, you may insert here, without charge a 24-word classified ad telling our 100,000 readers about your qualifications. As space for this service is limited, the first ads which reach us each month will be used in that month's issue. Also listed regularly in this department are positions currently available. To avoid delay in forwarding applications to employers, be sure to specify the box number of the ad which interests you.

POSITIONS WANTED

ANESTHETIST: Registered in Louisiana. Desires position in California. Wide experience in administering anesthetics. Age 42. Good health. Catholic. Salary open. Box 10-1.

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GENERAL DUTY: Alabama registered nurse wishes general duty position in private or general hospital. Prefers New York or northern state. Age 23, 1937 graduate. Colored. Minimum salary \$75, including maintenance. Fine references. Box 10-6.

GENERAL DUTY: Two years as private and general duty nurse. Past affiliations in pediatrics, and mental and nervous disorders. Age 23. Protestant. Good health. Registered in New York. Seeks position vicinity New York City. Salary open. Box 10-7.

GENERAL DUTY: Experienced in obstetrics, urology, and tuberculosis. Seventeen years in public health nursing. Middle-aged. Single. Prefers New York State or environs. New York registration. Box 10-8.

HOUSE MOTHER: For boarding school. Experienced private school nurse, night supervisor, army nurse. Postgraduate work at Johns

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MALE NURSE: Bellevue alumnus, New York registered nurse. Age 27. General duty and psychiatric nursing experience. Will accept private or general duty. Box 10-11.

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SUPERVISOR: For medical or surgical ward. Postgraduate training in psychiatric nursing and two years' psychiatric experience. In institutional work three years as supervisor. Interested in care of infants. Prefers post in Arizona or Michigan where registered. Box 10-16.

SURGICAL: Excellent references from major Texas hospitals. Experienced in institutional and private duty. Business education. Age 29. Minimum salary \$95. Box 10-17.

X-RAY TECHNICIAN: Experienced X-ray technician wishes position in hospital or doctor's office. Stenographic training. Good references. Georgia registration. Box 10-18.

OCT.—R.N.—1938

POSITIONS AVAILABLE

***ADMITTING CLERK:** Hawaii. Nurse experienced in admitting office and as medical stenographer. Ability to prepare statistical and medical records required. Salary \$125, lunches included. W101.

***ANESTHETIST:** Illinois. 130-bed general hospital, convenient to Chicago. Salary \$97, maintenance. C655.

***ANESTHETIST:** Oklahoma. Nurse-anesthetist for 40-bed privately owned hospital. Willing to combine other duties. Salary \$100, including maintenance. W102.

***ANESTHETIST:** West Virginia. Full time. Alternate on call with physician. 100-bed general hospital. Salary \$100, maintenance. C656.

***DIETITIAN:** New York. 55-bed private general hospital. Graduate staff. Experience in special diets and buying required. Salary \$90-\$100, maintenance included. C657.

***DIETITIAN:** North Carolina. Immediate vacancy. Private 60-bed general hospital. Twenty students. Salary according to experience. C658.

***GENERAL DUTY:** California. Surgery. Recent postgraduate course or experience necessary. Small hospital. W103.

***GENERAL DUTY:** Illinois. Night nurse for modern 25-bed general hospital, vicinity Chicago. Salary \$75, maintenance. C659.

***GENERAL DUTY:** Nevada. 50-bed general hospital. 8-hour floor duty. Applicant must have had experience in small hospital. Salary \$110, including maintenance. C660.

***INSTRUCTOR:** Arizona. 200-bed general hospital. Qualified to teach sciences. Salary \$125, and maintenance. C662.

***INSTRUCTOR:** Southern California. Science instructor. 300-bed Catholic hospital. Salary \$125, maintenance. W104.

***INSTRUCTOR:** Florida. 75-bed general hospital. 30 students. Third year students affiliate. Very desirable appointment. Salary according to experience. C661.

***INSTRUCTOR:** Idaho. Small training school needs instructor, both practical and science. Salary \$110, board and laundry included. W105.

***OBSTETRICAL:** Connecticut. Supervisor. Post-graduate and good experience necessary. 200-bed hospital. Salary \$100 and maintenance. E195.

***OBSTETRICAL:** North Carolina. Head nurse for 80-bed new, modern hospital. Southerner preferred. Salary open. E196.

***OPERATING ROOM:** Colorado. Supervisor. Salary \$125, including meals and laundry. E196.

***OPERATING ROOM:** Delaware. Supervisor. 8-hour day when possible. Postgraduate course necessary. Knowledge of X-ray would be an advantage. Salary to start \$80, maintenance included. E197.

***OPERATING ROOM:** New York City. Night operating room nurse. Small hospital. Salary \$100. Live out. E198.

***OPERATING ROOM:** Pennsylvania. Supervisor for Philadelphia hospital. Salary \$110 and maintenance. E199.

PRIVATE DUTY: New York. To care for young invalid lady in suburban private home. 24-hour duty with ample time off. Applicant under 35 years old and above medium height preferred. Must be willing, capable, able to drive a car. Salary \$75 and full maintenance. Write full details and references first letter. Mrs. Frances Newman, New Hackensack, N. Y.

***PRIVATE DUTY:** New York. 12-hour medical duty in New York City. Applicant must live in New York City. Salary \$8 per day or night, including meals. Full particulars first letter. T89.

***RECORD LIBRARIAN:** East Coast. Large hospital. Opportunity for nurse with organization ability. Salary according to experience. Interview required. C663.

***SUPERINTENDENT:** Virginia. 50-bed hospital being modernized. Experience in hospital administration essential. Salary \$2400 per year and maintenance. E200.

***SUPERINTENDENT OF NURSES:** Michigan. 90-bed private hospital, no training school. Salary \$125 with maintenance. C665.

***SUPERINTENDENT OF NURSES:** New Jersey. 150-bed hospital with training school. College degree and experience necessary. Salary \$2400 per year, maintenance included. E201.

***SUPERINTENDENT OF NURSES:** New York. Upstate hospital, 115 beds. Training school. Must be New York registered nurse with degree and experience. Salary open. E202.

***SUPERVISOR:** Southern California. Medical, surgical supervisors for 300-bed county hospital. At least five years' supervising experience required. Salary \$140 including meals. W106.

***SUPERVISOR:** Indiana. Nights. Postgraduate training surgery essential. Considerable emergency work. 115-bed general hospital. Salary \$90 and maintenance. C666.

***SUPERVISOR:** New York. Surgical supervisor for 28-bed department. Hospital located about two hours from New York City. Applicant required to have had special course in ward teaching and administration and good experience. Salary \$100, maintenance included. E203.

***SUPERVISOR:** Hospital located on island in the Pacific Ocean. Supervisor for female medical floor. Must have special training and good experience. Hospital has excellent training school. Salary \$100, maintenance included. E204.

***TECHNICIAN:** Indiana. Laboratory and X-ray. 8-hour duty in small hospital. Salary \$95 and meals. C669.

***TECHNICIAN:** New York. X-ray. Mature candidate with good training for doctor's office in New York City. Salary open. E206.

*Asterisk indicates position listed by a placement bureau

OCT.—R.N.—1938



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The Comparative Effects of Alka-Seltzer and Aspirin on Heart Function

This is the 8th in a series of biochemical and clinical studies to check the value of Alka-Seltzer as a simple home treatment for the relief of minor, transient discomforts.

In a successive series of experiments it has been shown that the analgesic in Alka-Seltzer is present in the form of an acetylsalicylate (Exp. No. 1); that it exerts a definite antacid effect in the stomach (Exp. No. 2); that it brings about a systemic alkalizing action after absorption (Exp. No. 3); that it tends to hasten gastric emptying time in cases of persistent gastric hyperacidity (Exp. No. 4); that it helps to relieve gastric hyperacidity resulting from alcohol consumption (Exp. No. 5); it is more rapidly evacuated from the stomach than plain aspirin (Exp. No. 6); that it dialyzes more readily than a suspension of aspirin in water (Exp. No. 7).

RESEARCH PROBLEM NO. 8

To Determine the Comparative Effects of Aspirin and Alka-Seltzer on Heart Function

Experimental Method. Normal, apparently healthy, adults both male and female were used as test subjects. Heart function was studied from electrocardiograms made with a General Electric Victor Cardiograph, using the usual technic.

At 8:30 in the morning of each experimental day the subject reported at the laboratory after a fast from food and drink for at least

13 hours. The subject rested on a cot for one hour, at the end of which time he or she received a dose of 2 or 4 tablets of either aspirin with 250 cc. of water or of a similar number of Alka-Seltzer tablets previously dissolved in a like volume of water.

Electrocardiograms were made at intervals both before and after ingestion. These were then submitted to a cardiologist for his interpretation.

Results. From a study of electrocardiograms made both before and after the ingestion of aspirin and Alka-Seltzer, it would appear that no changes are apparent other than the normal variation. Therefore, as determined by electrocardiography, neither Alka-Seltzer nor aspirin in the doses given in this study has any significant influence on the function of the heart.

Alka-Seltzer is offered not as a cure for disease but as a simple household remedy for the relief of minor, transient discomforts for which professional care is not usually sought or required.

Alka-Seltzer offers an unusually palatable and convenient method of securing a combined alkaline-analgesic effect for the relief of such minor conditions as headaches, "sour stomachs" resulting from indiscretions in eating and drinking, and as a means of providing an analgesic-alkaline effect during the early stages of a cold.

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